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AUTHOR Hoff, Wilbur
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ABSTRACT

Intended for migrant project administrators and other professional workers, this document contains recommendations developed from a nationwide study for evaluating the utilization and effectiveness of health aides (indigenous workers) in migrant health programs. Recommendations are provided for five major phases of activity essential for effective utilization of auxiliary health personnel, including: (1) initial planning, (2) recruitment and selection, (3) training, (4) work supervision, and (5) evaluation. The recommendations identify the component parts of each phase and describe their development in a logical time sequence. A classification system for health aide activities, sample evaluation form, and job descriptions and career ladder examples for community health aide, community nursing aide, and sanitation aide are appended. (SB)

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THE USE OF HEALTH AIDES IN MIGRANT HEALTH PROJECTS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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THE USE OF HEALTH AIDES IN MIGRANT HEALTH PROJECTS

by

Wilbur Hoff, Dr. P.H.

Health Education Specialist,
Institute for Health Research, Oakland, Calif.

Health Education Consultant,
California State Department of Health, Berkeley, Calif.

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THE USE OF HEALTH AIDES IN MIGRANT HEALTH PROJECTS

INTRODUCTION

The migratory workers who supply the sensitive minds and fingers for picking cherries, grapes, strawberries, tomatoes, asparagus, and other fruits and vegetables for our dining tables are among the poorest, least educated, and most socially outcast individuals in our society. Living from day to day, they know better than most people what it means to be truly hungry and tired. Their families are often crowded into makeshift shelters, and their children are frequently 2 to 3 years behind in school. As a result, they have little opportunity to become fully functioning human beings.

Perhaps the migrants' greatest problem has been their almost total rejection by many communities in which they live. Unlike workers on the family farm, migratory workers have no place in their temporary communities. They are considered important only in terms of the work they perform. When the crops are ready for harvest, the grower and the agricultural community are eager to see them come. They are just as eager to see them leave when the work is done. Literally millions of dollars worth of crops would rot without migrant workers' help at the time and place where it is needed. But they are not seen as part of the community and as a result they are often excluded by law or by local policy or practice from health, welfare, education, and recreational services that they desperately need.

To help meet the health needs of migratory farmworkers and their families, Congress passed the Migrant Health Act in 1962. This act made it possible for interested public or private agencies and organizations to provide health services for domestic agricultural migratory workers and their families. As part of these services, local project sponsors were among the first professional groups in this country

to recruit and employ persons who represented the migratory workers themselves. These indigenous workers, or health aides as they were usually called, were employed to bridge the cultural gap between the migrants and the professional staff, to improve communications between these groups, and to help deliver health services more effectively to migrant workers and their families.

These recommendations are the outcome of a nationwide study evaluating how these indigenous aides have been used and how effective they have been in the migrant health programs they have assisted. It is hoped that these recommendations will help project administrators and other professional workers to use aides and other types of auxiliary personnel in more effective ways, and thereby provide more comprehensive health care to migratory farm families and other disadvantaged groups.

These recommendations present the five major phases of activity that are essential in using auxiliary health personnel effectively. These five major phases are:

1. Initial Planning
2. Recruitment and Selection
3. Training
4. Work Supervision
5. Evaluation

The recommendations identify the various component parts in each of the five phases and describe their development in a logical time sequence. It is hoped that health program staff will find this format easy to follow and will adapt it as needed to fit conditions in their own locality.

I. INITIAL PLANNING PHASE

A. Identify Specific Program Objectives

The justification and use of health aides should be based upon the health problems and conditions of the target population group—the migrants. To improve these, and to meet health needs, specific program objectives should be developed.

1. Identify and define an important health problem in the target group or area. These problems might be conditions of sickness or disease, unsanitary conditions of environment, or undesirable practices which the health staff would like to see improved.

Example:

Statement of Health Problem

Many migrant families do not obtain an adequate diet and thus have nutritional deficiencies. These deficiencies in infants, youth, and other high risk groups may lead to such conditions as underweight, dental diseases, and chronic illness.

Dried milk powder is a low cost nutritious food and is available as a surplus food commodity in many areas. Migrant families seldom use dried milk although its use would improve their diet and extend their food budget.

2. Develop a specific program objective which is designed to alleviate the health problem.

A *program objective*[1] is a situation or condition of people or of the environment which responsible program personnel consider desirable to attain.

A program objective should specify five elements:

a. *What*—The nature of the situation or condition to be attained.

b. *Extent*—The quality or amount of the situation or condition to be attained.

c. *Who*—The particular group of people or portion of the environment in which attainment is desired.

d. *Where*—The geographic area of the program.

e. *When*—The time at or by which the desired situation or condition is intended to exist.

Example:

Health Program Objective

[1] Deniston, O. L.; Rosenstock, I. M.: and Getting, V. A., Evaluation of Program Effectiveness, *Public Health Reports*, 83:4, pp. 323-335, April 1968.

By the end of the 1969 summer work season the nutritional level of the families living in the six migrant project camps will be increased to the extent that 80 percent of the mothers will be serving dried milk powder as part of the daily diet to their family members.

3. A health program objective can be broken down into subobjectives or conditions. These are prerequisite conditions which must exist in order that the program objective can be attained.

Subobjective—A subobjective is a condition which must be attained before the program objective can be achieved. A subobjective is seldom inherently desirable and exists only as a precondition toward reaching the end result.

Example:
Subobjectives within the program objective:

a. Adults and children of migrant families are exposed to information about the values of good nutrition and how they can obtain, prepare, and eat foods (including dried milk) to maintain good health.

b. Migrants understand and agree that they should establish good eating practices.

c. Dried milk powder is available in places where migrants can get it and at a cost within their means.

d. Mothers and others who prepare meals are able to prepare dried milk powder in daily menus that are acceptable and palatable to their families.

e. Migrant families eat more nutritious meals through the use of dried milk powder and other surplus food commodities.

B. Specify Program Activities

The major activities that are required to achieve the program objective should be identified. These activities should be linked to each subobjective.

An *activity* is work performed by program personnel and equipment in order to attain an objective.

An activity is a process of performing work and is the means of reaching an end point of a desired condition. The end point or the desired condition is the objective of the program. For example, providing health services are not objectives in themselves. They are activities which are a means for accomplishing some desirable condition in people or their environment. Activities consume program time and resources whereas objectives do not.

Example:

Subobjectives	*Activities Required*
(a) Adults and children of migrant families are exposed to information about the values of good nutrition and how they can obtain, prepare, and eat foods (including dried milk) to maintain good health.	1. Identify the information that migrants should know about good nutrition—its importance, what foods to eat, etc. 2. Develop this information into educational materials of a language and cultural form that migrants can understand, e.g., pamphlets, films. 3. Communicate this health information to adults and children through home visits, group meetings, and various communication channels.
(b) Migrants understand and agree that they should establish good eating practices.	Create settings such as home visits and labor camp group meetings whereby migrants have a chance to discuss their problems and the information presented. Stimulate a two-way communication process to enable patients and health workers to obtain understanding and agreement regarding the message presented.
(c) —etc.	—etc. Continue to identify activities required for each of the remaining subobjectives.

C. Professional Staff Functions

Certain types of professional staff will be required to carry out the program activities, e.g., nurses, physicians, and other health staff.

The responsibilities of these professionals should be examined to determine which functions and activities can be delegated to less highly trained and skilled personnel. This examination should be made in terms of the nature of each activity and what minimum qualifications are required of a person to perform that activity.

Example:

What routine activities now performed by a physician in a clinic could be delegated to a nurse? What routine activities of a nurse could be delegated to a nurse aide or clinic aide? What activities could a health educator assign to a health education aide, and so forth?

D. Auxiliary Staff Functions

Example:

Many of the activities identified in the example, section B, can be performed effectively by community health aides. Indigenous health aides can be trained to effectively carry out activities such as locating and welcoming new migrant families who move into a camp, giving health information about nutrition, assisting in developing nutrition

information materials in a language and cultural context which can be understood and accepted by the people, helping to demonstrate how to prepare and serve nutritious meals using dried milk powder, assisting with or conducting small group discussions in camps, and making followup visits to homes.

Various types of activities which have been performed by health aides are listed in appendix 1. This is a summary list of activities which 15 nurse-clinic aides, six sanitation aides, and 39 community health education aides reported they did in a time study of health aides are listed in Appendix 1. This is a summary list of activities These activities are classified according to administrative activities, health service activities, education/communication activities, and other or nonhealth activities.

E. Job Description

Each type of aide employed should have a job title and a job description. From the aide activities identified in part D, a decision should be made about the type of aide required for the program. The nature of the job should determine the nature of the personnel. For example, nursing or clinic duties require nursing aides, environmental health duties require sanitation aides, etc.

The development of several types of specialized aide positions in a project may create problems of specialization. Careful consideration should be given to avoid difficulties of overspecialization which have often occurred with professionals in health programs. If one reason for employing aides is to promote better relationships between the migrants and the professional staff, creating another level of health aide "specialist" may not be wise.

One way to avoid this difficulty is to employ a general type of aide such as a community health worker or a community health education aide who is trained in one or more technical health areas but who can assist with the total needs of the family in the community. Such an aide might be assigned to a district and work with one or more health professionals such as the nurse, sanitarian, nutritionist, physician, or health educator, depending upon the nature of the job or the problem encountered. Both men and women aides could be used in this capacity. The largest number of health aides now employed are in this general category.

Job description

A job description should contain a general definition of the job and list examples of typical duties and tasks. Examples of job description for entry level positions for community health and sanitation aides are shown in Appendix 2.

List of Job Duties and Activities

A comprehensive list of job duties and activities should be prepared for each type of aide. This should contain all types of activities which the aide may be expected to perform. This list will probably include additional activities to the examples listed in the job description. This list should be prepared with the assistance of staff of all the professional disciplines with whom the aide may be expected to work.

This list will serve four functions:

1. Will spell out for the aide and for the professional staff the aide's specific duties and tasks, and thereby eliminate confusion about what the aide will or should do;
2. Can be used to determine minimum qualifications for the position, and to develop criteria for selecting aides;
3. Can be used as a basis for developing behavioral objectives for training;
4. Can serve as a standard for supervising the aide and for evaluating job performance.

F. Employment Standards

1. *Justifying Positions*

There are a number of sound reasons that can be used to justify the creation of new positions for auxiliary personnel in a health program. The basic rationale underlying their use is that they are able to deliver health services in a more effective and efficient way. Health aide positions can be justified for the following reasons:

(a) Improve professional standards of practice. Employment of auxiliary personnel can free professionals to more fully use their training and specialized competence to plan, conduct, and evaluate existing programs as well as introduce new services. This will extend the professionals' time to more people and reduce the per capita cost of providing health services to the community. Auxiliary personnel can also serve as a future source of recruitment for professional staff.

(b) Offer a new source of manpower to meet community health needs. The availability of indigenous persons provides an excellent manpower resource to fill the present shortage of professionally trained health personnel. Auxiliary personnel can meet the health service needs of a community's expanding population.

(c) Overcome many traditional problems of getting health services to clients. Because of certain inherent characteristics of indigenous personnel, they can overcome barriers of cultural differences, professional status, communication difficulties, lack of motivation and understanding, and other difficulties that have interfered with providing health services to migrants and other disadvantaged groups.

(d) Serve as a catalyst or mechanism to update and improve traditional or existing health delivery systems and practices. The intro-

duction of new types of personnel and the resultant efforts to define new jobs, recruit, select, and train new persons can serve to demonstrate more effective and efficient manpower systems in the health field.

(e) Make the agency more responsive and accountable to the community it serves. If auxiliary personnel are indigenous to the agency's community, they can act as a bridge between the health agency and the community by feeding back information from the community to the agency and by breaking down class, racial, and other barriers that exist between the deliverers and the receivers of health services.

(f) Attach a dignity and importance to work and provide an alternative to the make-work philosophy and welfare dole. Jobs for auxiliary health workers are important, needed, and meaningful. In addition to being socially productive they provide a sense of dignity to persons filling them. They provide meaningful jobs for poor people and thereby lead to significant economic and social benefits to the entire community.

2. *Employment Standards*

Auxiliary or aide positions are generally new job classes for the employing organization. In creating these positions, one should follow the same standards that are used in establishing professional health personnel classes. Aide positions should be built into the regular employment system of the agency. The following employment standards have been used by health agencies and can be used as a guide for creating new aide or auxiliary positions:

(a) A job description should be developed for each position. It should include the duties to be performed and the minimum qualifications for the position.

(b) It is desirable that full-time positions be established. When this is not possible, half-time positions may be opened. Positions should be created through the agency's established civil service, merit, or other personnel system.

(c) Persons should receive a salary equivalent to and competitive with other comparable positions in the area. The amount should also be based upon the complexity and responsibility of the tasks to be performed and high enough to attract the type of person desired.

(d) Persons should receive the same employment benefits that other staff receive in the agency, such as social security, vacation, sick leave, workman's compensation, and health plan.

(e) Opportunities for advancement in salary and position in the project or the agency should be planned for.

(f) Temporary aide positions should be converted into permanent positions within 2 years if the need continues to exist, even though

the temporary nature of seasonal migrant health project operations sometimes makes permanent full-time employment of aides difficult or impossible. However, other needs may exist in the community and other funds may be available to continue employment of aides during the winter after the summer migrant program activity ends.

3. *Advancement Opportunities*

Opportunities should be created which enable aides to advance in pay and job responsibilities. Auxiliary personnel should have the same pay and career incentives that professional staff have. It is often possible with some forethought and planning to structure job classes or to utilize educational programs already available to permit a qualified and interested health aide to advance and stay within the employing organization.

With increases in experience and continued training and education, some aides have the desire and capabilities to perform more complex and responsible functions in health programs. The expressed desires of aides as well as their educational level should determine the provisions to be made for their advancement into higher level jobs. The aides presently serving in migrant health projects represent a wealth of human potential which has only started to be realized.

Examples of career ladders which have been proposed by some health organizations that are developing new health career opportunities are shown in Appendix 3.

II. RECRUITMENT AND SELECTION PHASE

A. Determine Minimum Qualifications for Positions

The minimum qualifications should be determined according to the requirements of the job. In many instances aide jobs do not require previous work-related experience and high levels of education. The following factors should be included among those considered for minimum qualifications:

- age
- sex
- ethnic background
- language spoken

B. Develop Criteria for Selecting Aides

Criteria should be developed to select individuals who are the most willing and able to do the job. These criteria should be formed according to the job to be done and the needs of the program. The following criteria have been found useful to recruit aides for migrant health projects:

- interest in the job and a desire to help people
- member of a migrant or ethnic target group
- ability to relate in a warm friendly way with people
- ability to communicate effectively
- ability to speak the language of migrants
- emotional maturity
- flexibility and willingness to learn
- ability to drive a car
- clean and neat appearance

C. Recruit and Select Aides

After selection criteria are established, individuals should be recruited and selected for the program. Professional staff who will be supervising and working with the aides should participate in their recruitment and selection.

Local project staff have used the following persons and agencies to learn about potential aide applicants:

- health agency staff, e.g., sanitarians, nurses, social workers
- other agency staff such as welfare, employment, schools, hospital, poverty programs
- community individuals and groups such as ministers, doctors,

businessmen, migrant ministry
- health aides or former health aides
- farm labor camp managers
- patients of family health service clinics in migrant farm labor camps

The method most commonly used to select aides has been by individual interview in the sponsoring agency's headquarters or in the home. *A technique which has not often been used which may prove extremely useful is the group interview.* This technique involves getting five or six applicants together in a group setting and giving the questions which they can discuss. The questions are designed to stimulate thinking and discussion on important problems and issues related to the job. The group provides a setting for interaction and makes it possible for applicants to reveal more of their personal attitudes and values than the individual interview process.

III. TRAINING PHASE

There are several kinds of training that will be required to insure that auxiliary health personnel are used effectively.

First, there is the obvious need for training the aides. They will require well planned and conducted sessions to prepare them for their jobs. The following are examples of skill areas in which training is necessary:

Basic human relations skills—
- interpersonal relations
- communication
- translating and interpreting

Technical health skills—
- nursing
- health education
- sanitation

Another important area of training must concentrate on the pro-professional staff who will use and supervise the aides. Because the use of auxiliary personnel is relatively new to most health organizations and because most professionals have had no training or experience in supervision of aides, this kind of preparation is very important. Professionals will therefore need orientation in the following areas:

- Reason for employing health aides
- Who the aides are, and what groups they represent
- How to use aides effectively
- Techniques of supervision

A third type of training of value is for administrators and professional staff who plan programs. In order to develop administrative support and to obtain adequate follow-through for the program, all professional, staff in decisionmaking positions should be trained in the techniques and methods of program planning and evaluation. Such training should focus on the process and steps required in effectively using auxiliary personnel in a health program. The content of such training might include the following:

- Developing specific health program objectives
- Identifying program activities and resources to carry out objectives
- Developing personnel classifications to carry out the activities
- Methods of recruiting and selecting auxiliary personnel

Identifying and planning for training needs
Planning for adequate supervision
Techniques of evaluating work performance and program accomplishments

A. Develop Behavioral Objectives for Training

The first requirement in planning a training program is to describe the specific behavior which is required of the trainees for performing the desired activities. In the case of health aides, the behavior should relate to the list of duties and activities which was developed in section I–E. The *behavioral objectives* must denote measurable attributes; otherwise it is impossible to evaluate the training effectively.

The training objectives should be described to contain the following characteristics:[2]

1. Describe the skills or abilities desired, not the means to develop them.
2. Describe the conditions under which the student is expected to perform this behavior.
3. State the level or standard of performance that is considered acceptable.

Example:

Behavioral objective.—The Community Health Aides will be able to bring together a group of mothers in a farm labor camp and demonstrate in an understanding manner how they can obtain, prepare, and serve dried milk powder in a tasty, well-balanced diet on a poverty budget.

B. Identify the Knowledges, Skills, and Attitudes Required

After the terminal behavior is described, the *specific knowledge*, *skills*, and *attitudes* required of the trainee to elicit the behavior should be identified. These will form the content and subject matter of the training program. The program should include both behavioral health content and human relations skills training.

Example:

Using the example of the behavioral objective above—

Knowledge required:

1. Principles of basic nutrition=food groups;
2. Principles of food preparation and their appreciation in a farm labor camp situation;
3. Market cost of various foods;
4. Availability of dried milk and other surplus foods.

Skills required:

1. Ability to communicate effectively with migrant mothers;

[2] Mager, Robert F., and Beach, Kenneth M., Jr. *Developing Vocational Instruction*, Fearon Publishers, Palo Alto, Calif., 1967.

2. Ability to conduct a demonstration on how to prepare a nutritious meal with surplus foods.

Attitudes required:

1. Ability to relate in a warm, friendly way to migrant mothers;
2. Ability to accept different cultural beliefs and habits about food.

C. Determine Appropriate Teaching Methods

The educational experiences for teaching the knowledge, skills, and attitudes should be determined next. These should be carefully planned so that they relate to the specific outcomes desired. A large emphasis should be placed on using experiential and problem-solving learning situations in order to make the training real and meaningful to the trainees. (See example of section D following.)

D. Select Educational Materials

The educational materials, along with the teaching methods, should be selected carefully and planned into unit concept lessons. Visual aids which are available should be located and reviewed, and those that appear to be appropriate for the subject matter and the trainees should be used in the training program.

Example:

Using the same behavorial objective—

Concept	*Methods*	*Materials*
Principles of basic nutrition.	Classroom lecture with films and discussion.	1. Guide to good eating. 2. Film on nutrition.
How to conduct an effective demonstration.	Demonstrate the technique and have students set up and conduct food demonstration.	1. Dried milk powder. 2. Pots and pans. 3. Facilities similar to those available to migrants.
How to communicate effectively.	Discuss important factors in communication process. Have students role-play with each other with one playing role of demonstrator and others the role of migrant women who are recipients of training.	1. Visual aids. 2. Chalk board.

E. Conduct the Training Program

The training program should be planned and carried out in an order which is most meaningful to the trainees. Sessions should be job-oriented and in doses that can be assimilated by the aides. It may be helpful to alternate orientation or classroom sessions with field experiences to give the trainees an opportunity to try out what they have learned. Planned on-the-job training and periodic continued training should also be used in the training of aides.

The resources of the health and other community agencies should be used when appropriate. Some health agencies have found it helpful to use experienced health aides in planning and conducting training sessions for new aides. The experience of the aides and their ability to relate and communicate with other aides have facilitated the learning process for new recruits.

The training program should be planned and directed by a person who has adequate knowledge about learning principles and skills in planning, conducting, and evaluating effective training programs. Usually public health educators are prepared to carry out this function; sometimes a nurse trainer or other qualified person is available. Such a qualified person to assist in training should be sought even though not part of the professional project staff.

F. Evaluate Accomplishments of Training

The effectiveness of the training program can be determined by measuring the students' achievement at the end of the course. If behavioral objectives have been determined at the beginning of the program, these can serve as a criterion for measuring the training outcome or performance of the students.

The most meaningful results will be measured by skills developed and behavioral changes rather than facts or knowledge gained by the aides. Performance evaluation checklists are easier to construct if adequate behavioral objectives have been developed in the beginning.

IV. WORK-SUPERVISION PHASE

Supervision is one of the most important requirements for using health aides effectively. It is important not only from the employing organization's point of view in getting the desired work accomplished but also from the aides' viewpoint for making the job a satisfying, challenging, and productive experience. The main responsibility of the supervisor is to create a climate which will stimulate the aide to make suggestions, talk about problems, and discuss how to better perform the job that is to be done. Direction and guidance can best be provided and accepted in a climate which is open and free. Most aides need encouragement and support, and the supervisor can contribute to the growth and development of the aides by being sensitive to their needs and by providing guidance and help when needed, calling on other resources if necessary.

If health agencies are to respond to the health needs of the people they serve, supervisors must stimulate their staff to be innovative as well as productive. Each team member should feel he has an important part to play and that he can participate in the decisions on the program. The same principles should be followed in supervising health aides as are used in supervising professional staff. The following guidelines on how to supervise aides have been developed from suggestions by various project staff:

1. The supervisor should be supportive and encourage the confidence of the aide. A good working relationship should be developed between the supervisor and the aide. Communication channels should be open and free.

2. Each aide should be assigned to one person for supervision. When an aide must work with and receive guidance from more than one staff person the nature and limits of each person's supervision should be discussed and clearly spelled out.

3. Supervision should involve personal contacts, observations of the aides' work, discussions with the aides, and reviews of activity and evaluation reports.

4. Interaction between the aides and their supervisors should be frequent enough to provide adequate support and direction when needed. The supervisor may need to schedule periodic sessions on a weekly or more frequent basis to provide necessary guidance to the aides.

5. The supervisor should be clear and specific about the aides' role and function and should be careful that the aides do not exceed their responsibilities and capabilities.

6. Professional staff members may need to be prepared and trained in the nature and techniques of effective supervision of subprofessional aides. They should understand the purposes and functions of health aides in order to use them most effectively.

V. PROGRAM EVALUATION PHASE

A. Performance of Aide

An evaluation of the work performance of the aide should be done at periodic intervals. The best indicators of whether an aide is working satisfactorily are performance criteria. Using these criteria, the supervisor can observe the aide, rate him on key performance items, and then discuss the ratings with the aide.

The list of job duties and activities by which the aide was employed can serve as a guide. The behavioral objectives which were developed for training can also be incorporated into evaluation standards.

An example of a rating sheet to evaluate aides is shown in Appendix 4.

B. Achievement of Program Objectives

A final phase of the evaluation procedure is determining how effective the aides' performance is in achieving the objectives of the migrant health program. If the program objectives have been specified as described in phase I of these recommendations, then it is possible to relate the aides' activities to these objectives and assess accomplishments after a specified period of time. If program objectives have not been carefully spelled out, such assessment is difficult, if not impossible.

The most meaningful evaluation would be for the entire migrant health team, including the aides, to go through the above evaluation process together, and periodically assess its efforts and activities in terms of specific migrant health program objectives.

Appendix 1

CLASSIFICATION SYSTEM FOR HEALTH AIDE ACTIVITIES

A. Administrative Oriented Activities

(1) Planning and/or evaluating programs, keeping or reporting performance records, supervising others, training, and recruiting.

Examples of items:

plan programs
evaluate work activities and programs
talk with supervisor
attend and participate in staff meetings
write activity or other reports
correspondence
prepare expense reports
attend a training session for others
help train aides
recruit for new aides

(2) Prepare or handle patient records.

Examples of items:

obtain records from file
fill out record forms on patients
review records
maintain records and reports
register patients
make appointments
send reminders

(3) Staff travel.

Examples of items:

travel to visit homes
travel to family clinic health service

B. Health Service Oriented Activities

(1) Perform health care activities on patients.

Examples of items:

prepare patients for clinic examination
give skin tests

take temperatures
take blood pressures
give PKU tests
weigh babies

(2) Transport the patient, supplies, or various items.

Examples of items:

take a family or patient to the hospital or family health clinic service
arrange transportation for a patient
pick up and deliver sputum specimens to the health department
transport medications

(3) Arrange or handle Health Service equipment.

Examples of items:

set up or put away materials and supplies for a family health service clinic
set up and put away equipment
sterilize equipment
stock nurses' bags
distribute prescribed vitamins or medications in clinic

(4) Survey or manipulate the physical environment and obtain health information about it.

Examples of items:

locate labor camps
inspect premises of a home or camp
help sanitarian make a housing inspection
make a field inspection for unsanitary conditions
take water samples
investigate dog bites

C. Education/Communication Oriented Activities

(1) Communicate with clients and get health information.

Examples of items:

get acquainted with patients or prospective patients
interview a patient to obtain health information
identify health interests and problems among migrants
observe and obtain information on health problems of individuals or families (casefinding)
determine whether physician's instructions are understood and followed

(2) Communicate with individuals or families and give health information or educate them about health.

Examples of items:

orient newly arrived families to the health services available to them
give information about personal health care

teach simple health practices to persons or families
tell people about the health resources in the community
tell a family where to obtain an x-ray for tuberculosis detection.
explain family planning to a husband and wife
explain the importance of getting a diagnosis for VD
explain why it is important to get immunized
give information to a person about environmental sanitation
answer questions about a health subject
talk to a mother about information in a pamphlet; translate health information from pamphlet to a mother
demonstrate to a mother or family members health practices or techniques such as:
how to prepare nutritious food or a meal
how to bathe a baby
how to clean a cabin
how to dispose of garbage

(3) Interpret for or between a patient and a health professional.

Examples of items:

interpret between a patient and a physician or nurse
translate health information for a doctor, nurse, or other health specialist
interpret to a patient what the doctor is saying

(4) Prepare, review, or use audio visual or other information materials.

Examples of items:

develop health publicity or information materials such as pamphlets and posters
write or translate a pamphlet
review or evaluate films and pamphlets
hand out a pamphlet or other health literature
show a health film or filmstrip
put on a puppet show

(5) Organize and participate in group meetings.

Examples of items:

organize a group or community meeting
serve as a member on the camp or community council
attend meetings
lead a discussion group
consult with groups
organize and teach a class on health practices

D. Other Activities

(1) Assist people with nonhealth needs.

Examples of items:

interpret for individuals with nonhealth agencies such as welfare, school, police, probation, etc.

make referrals to other agencies such as welfare and probation

babysit with children while parents are obtaining a service

help to get food or clothing

help to find housing or employment

help to obtain public assistance

Appendix 2

COMMUNITY HEALTH AIDE

Definition

Under general direction of a staff member who understands the job, the Community Health Aide assists in identifying health problems of migrants, educating individuals, families, and groups about health and assists other members of the health team in providing health service to meet these needs.

Examples of Duties

1. Assists in conducting interviews and surveys among farm labor families in order to obtain data on health problems, health knowledge, attitudes and beliefs and other information pertinent to the health status of migrant and seasonal farmworkers and their families.

2. Serves as interpreter for both staff and community to help overcome cultural and language barriers that exist between health personnel and the target population and to create better understanding about health services available.

3. Teaches, or assists other staff in teaching simple health practices and concepts on an individual, family, or group basis and reinforces the teaching of other staff in such areas as nutrition, personal hygiene, sanitation, child care, and other health problems.

4. Assists professional staff in the formation, conduct, and evaluation of group demonstrations and meetings.

5. Assists with the selection, preparation, use, and evaluation of educational materials and methods used with the farmworkers and their families.

6. Assists in the orientation of professional personnel to interpret health attitudes of migrants and to increase the understanding of such employees regarding sound educational approaches in working with migrants.

7. Assists in the orientation and training of new community health aides.

List of Job Duties and Activities

A list of job duties and activities should be prepared for each type of aide.

This list will:

1. Spellout specific duties and tasks and thereby eliminate confusion about what the aide will or should do.

2. Be used to determine minimum qualifications for the position and to develop criteria for selecting aides.

3. Be used as a basis for developing behavioral objectives for training.

4. Serve as a standard for supervising the aide for evaluating job performance.

Employment Standards

Aide positions are generally new job categories for most health agencies. The same standards should be used in developing health aide positions as are used to establish other health personnel categories.

Pay rate—should correspond to the responsibility of the job, be competitive with prevailing rates in the community, be adequate to recruit the type of person desired, and sufficient to maintain an adeqtiate standard of living.

Permanent, full time status is desirable—The temporary nature of project funding makes this sometimes difficult or impossible to do, but other sources of funds are often available in health agencies to continue the employment of aides during the winter when summer migrant activity ends.

Benefits—should be the same as for other health personnel in the agency. Standard benefits of social security, paid sick leave, vacation, health insurance, and others given by the agency should also be given to health aides.

Advancement Opportunities

Opportunities should be created which enable aides to advance in pay and job responsibilities. Auxiliary personnel should have the same pay and career incentives that professional staff have.

With increasing experience and continued training and education some aides have the desire and capabilities to perform more complex and responsible functions in health programs.

Examples of career ladders which have been proposed by some health departments who are participating in the national New Careers Program are shown in the diagrams that follow in Appendix 3.

COMMUNITY NURSING AIDE

Definition

Under supervision of a nurse in a community health agency, in clinic or home.

Examples of Duties

1. Assists nursing personnel in clinics.

2. Visits homes in order to encourage attendance at clinics, serve as interpreter, provide transportation, stimulate individual or family interest in carrying through with recommended health care, etc.

3. Makes referrals to the public health nurse for followup on home health problems which appear significant.

4. Assists in stimulating interest in the organization of small community group discussions with the public health nurse.

5. Participates in community surveys related to nursing needs and services.

6. Assists in interpreting community nursing services to patients and families and interprets patients' and families' needs to nursing service.

Qualifications

Consideration should be given to the following traits for potential nursing aides:

1. Interested in health problems of people.
2. Ability to communicate effectively.
3. Available to work at other than clinic hours and when families are at home.
4. Ability to maintain confidence of patients.
5. Ability to keep simple and accurate records.
6. Ability to work independently as assigned.
7. Previous experience in working with people in the community is desirable.
8. Ability to drive a car.

SANITATION AIDE

Definition

Under close and continuous supervision, to perform a variety of tasks associated with environmental health services not requiring the professional services skills of a registered sanitarian.

Distinguishing Features

An entry level, subprofessional class in environmental health services assigned nonenforcement duties.

Examples of Duties

1. Inspect yards and premises for general maintenance of environmental conditions such as:
   A. Presence of garbage and/or rubbish.
   B. Proper storage of, or disposal of garbage and/or rubbish.
   C. Presence of weeds, junk, and other accumulation.
   D. Presence of litter in streets and/or sidewalks.
2. Assists in sanitation surveys as requested.
3. Provides assistance in Rabies Vaccination Program, and other programs not requiring professional knowledge and/or skills.
4. Informs clients about the importance and methods of maintaining a safe and sanitary environment. May distribute health information and instructional materials while making premise calls.
5. Takes water samples.

Minimum Qualifications

Skills—A minimal ability to read, write, do simple mathematics, and communicate verbally.

Experience—None.

License—Valid motor vehicle operator's license.

Knowledge—Familiar with general sanitation programs and procedures of a health department.

Ability—Can carry out oral and/or written instructions of tasks to be performed; and record observations and make reports as required or requested.

Appendix 3

EXAMPLES OF CAREER LADDERS FOR HEALTH AIDES

Nursing

Registered Nurse	1. Graduation from a school of nursing. 2. Pass State board examination.
↑	
Licensed Visiting Nurse or Licensed Practical Nurse	1. Graduation from a 1-year course in Licensed Visiting Nurse.
↑	
Senior Health Services Aide	1. 1-year experience as HSA II. 2. High school graduation or equivalency.
↑	
Health Services Aide II	1. 1-year experience as HSA I. 2. Graduation from 8th grade.
↑	
Health Services Aide I	1. Ability to read and write. 2. Graduation from a job training class.

Health Education

Health Educator	1. B.A. Degree 2. 1 year experience as assistant health educator.
↑	
Assistant Health Educator	1. 2 years college. 2. 1 year experience as CHA II.
↑	
Community Health Aide II	1. 1 year experience as CHA I. 2. High school graduation or equavalency.
↑	
Community Health Aide I	1. Ability to read and write. 2. Graduation from a job training class.

Sanitation

Sanitarian	1. B.A. degree. 2. Pass state license examination.
↑	
Sanitarian Technician	1. 2 year college. 2. 1 year experience as SA II.
↑	
Vector Control Officer	1. High school graduation or equivalency. 2. 1 year experience as SA II.
↑	
Sanitation Aide II	1. 1 year experience as a SA I.
↑	
Sanitation Aide I	1. Ability to read and write. 2. Graduation from a job training class.

Appendix 4

SUPERVISOR'S ASSESSMENT OF HEALTH AIDE

Date: _____

Name of aide: _____

Project location: _____

Please rate the aide on each of the qualities below:

Qualities	Excellent	Above average	Average	Below average
1. Interest in work				
2. Skills—has necessary skills for the job				
3. Dependability				
4. Working relationships with staff				
5. Working relationships with aides				
6. Working relationships with farm workers and community				
7. Flexibility—adaptability and willingness to adjust to different situations				
8. Friendliness				
9. Ability to communicate with others				
10. Accepts suggestions				
11. Makes suggestions				

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